

Hemophilia Treatment

Point-of-Sale (POS) edits are safety limitations that are automatically verified through computer programming at the time that a prescription claim is submitted at the pharmacy. These edits can be applied to *any* medication, whether or not it is listed in the Preferred Drug List / Non-Preferred Drug List (PDL/NPDL). The first section of this document is organized to follow the order of the therapeutic classes in the PDL/NPDL and explains the POS edits for those medications.

POS Abbreviations

AL – Age Limit	DD – Drug-Drug Interaction	MD – Maximum Dose Limit	TD – Therapeutic Duplication
BH – Behavioral Health Clinical Authorization for Children Younger than 7 Years of Age	DS – Maximum Days’ Supply Allowed	PR – Enrollment in a Physician-Supervised Program Required	UN – Drug Use Not Warranted
BY – Diagnosis Codes Bypass Some Requirements	DT – Duration of Therapy Limit	PU – Prior Use of Other Medication is Required	X – Prescriber Must Have ‘X’ DEA Number
CL – Additional Clinical Information is Required	DX – Diagnosis Code Requirement	QL – Quantity Limit	YQ – Yearly Quantity Limit
CU – Concurrent Use with Other Medication is Restricted	ER – Early Refill	RX – Specific Prescription Requirement	

Pharmacy Prior Authorization Phone Numbers for MCOs and FFS

Aetna Better Health of Louisiana **1-855-242-0802**

AmeriHealth Caritas Louisiana **1-800-684-5502**

Fee-for-Service (FFS) Louisiana Legacy Medicaid **1-866-730-4357**

Healthy Blue **1-844-521-6942**

Louisiana Healthcare Connections **1-888-929-3790**

UnitedHealthcare **1-800-310-6826**

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POS Edits	
DX - Pharmacy claims for all agents must be submitted with an appropriate diagnosis code found in the chart below.	
Medication	Diagnosis Code
Advate® [antihemophilic factor (recombinant)]	D66 (Hemophilia A)
Adynovate® [antihemophilic factor (recombinant), PEGylated]	D66 (Hemophilia A)
Afstyla® [antihemophilic factor (recombinant), single chain]	D66 (Hemophilia A)
Alphanate® [antihemophilic factor/von Willebrand factor complex (human)]	D66 (Hemophilia A)
	D68.0 (Von Willebrand disease)
AlphaNine® SD [coagulation factor IX (human)]	D67 (Hemophilia B)
Alprolix® [coagulation factor IX (recombinant)]	D67 (Hemophilia B)
BeneFIX® [factor IX (recombinant)]	D67 (Hemophilia B)
Coagadex® [coagulation factor X (human)]	D68.2 (Hereditary Factor X deficiency)
Corifact® [factor XIII concentrate (human)]	D68.2 (Factor XIII deficiency)
Eloctate® [antihemophilic factor (recombinant)]	D66 (Hemophilia A)
Esperoct® [antihemophilic factor (recombinant)]	D66 (Hemophilia A)
Feiba® NF [anti-inhibitor coagulant complex]	D66 (Hemophilia A)
	D67 (Hemophilia B)
Hemlibra® [emicizumab-kxwh]	D66 (Hemophilia A)
Hemofil-M [antihemophilic factor (human)]	D66 (Hemophilia A)
Humate-P® [antihemophilic factor/von Willebrand factor complex (human)]	D66 (Hemophilia A)
	D68.0 (Von Willebrand disease)
Idelvion® [coagulation factor IX (recombinant)]	D67 (Hemophilia B)
Ixinity® [coagulation factor IX (recombinant)]	D67 (Hemophilia B)
Jivi® [antihemophilic factor (recombinant)]	D66 (Hemophilia A)
Koate® DVI [antihemophilic factor (human)]	D66 (Hemophilia A)

POS Edits	
Medication	Diagnosis Code
Kogenate® FS [antihemophilic factor (recombinant)]	D66 (Hemophilia A)
Kovaltry® [antihemophilic factor (recombinant)]	D66 (Hemophilia A)
Mononine® [coagulation factor IX (human)]	D67 (Hemophilia B)
Novoeight® [antihemophilic factor (recombinant)]	D66 (Hemophilia A)
Novoseven® RT [coagulation factor VIIa (recombinant)]	D66 (Hemophilia A)
	D67 (Hemophilia B)
	D68.2 (Factor VII deficiency)
	D69.1 (Glanzmann's thrombasthenia)
	D68.311 (Acquired Hemophilia)
Nuwiq® [antihemophilic factor (recombinant)]	D66 (Hemophilia A)
Obizur® [antihemophilic factor (recombinant)]	D66 (Hemophilia A)
Profilnine® SD [factor IX complex]	D67 (Hemophilia B)
Rebiny® [coagulation factor IX (recombinant)]	D67 (Hemophilia B)
Recombinant™ [antihemophilic factor (recombinant)]	D66 (Hemophilia A)
Rixubis® [coagulation factor IX (recombinant)]	D67 (Hemophilia B)
Sevenfact® [coagulation factor VIIa (recombinant)]	D66 (Hemophilia A)
	D67 (Hemophilia B)
Tretten® [coagulation factor XIII A-subunit (recombinant)]	D68.2 (Factor XIII A-subunit deficiency)
Vonvendi® [von Willebrand factor (recombinant)]	D68.0 (Von Willebrand disease)
Wilate® [von Willebrand factor / coagulation factor VIII complex (human)]	D66 (Hemophilia A)
	D68.0 (Von Willebrand disease)
Xyntha® [antihemophilic factor (recombinant)]	D66 (Hemophilia A)
Xyntha® Solofuse [antihemophilic factor (recombinant)]	D66 (Hemophilia A)

Revision / Date	Implementation Date
Created POS Document	February 2020
Added diagnosis requirement / October 2020	January 2021
Updated age for BH in POS Abbreviations chart / November 2020	January 2021
Added Sevenfact® / April 2021	July 2021